

**ERGONOMICS**  
*Display Screen Equipment Workstation Assessment*

Name: ..... Height: ..... Assessment Date: .....

Agency: .....

Job Title and Description of Tasks: .....

.....  
.....

**Health & Safety**

1. Do you use the display screen?

.....Yes .....No

2. Do you use your computer to ...

.....Primarily to look at information?

.....Primarily input information?

.....A mixture of the above?

3. Is the information presented on the screen and the software generally...

.....very complex?

.....fairly complex?

.....relatively straight forward?

4. Can you work at your own speed, or does the computer dictate how fast you have to work?

.....own speed

.....computer dictates

5. Can you adjust the pace of response every day to your ability?

.....Yes .....No

6. At the end of the working day, do you suffer from fatigue or stress?

.....Yes .....No

7. Are you able to take breaks whenever you feel tired?

.....Yes .....No

If 'No' when and how long are the breaks taken?

.....

8. At the end of the day, do you get aches and pains?

.....Yes .....No

If 'Yes' where do you get the discomfort?

.....Neck .....Back .....Shoulder

.....Arms .....Legs .....Feet

Restricted Finger Movement:

.....Grip .....Other

9. Are there any features of your workstation that could be considered to be unsafe, or a source of potential risk (eg.poor electrical wiring or connections, trailing cables, poorly positioned equipment, unstable, jagged or sharp-edged work surfaces, etc.)?

.....Yes .....No

If 'Yes' outline below,

.....  
.....  
.....

10. Have you been trained in the use of health and safety aspects of the workstation?

.....Yes .....No

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**Workstation Space**

**11.** Do you have sufficient space around your workstation to enable you to work comfortably and change posture easily (including under the desk)?

.....Yes .....No

**12.** Do you have enough space at your desk for all the things you need for the task?

.....Yes .....No

**13.** Can you re-arrange the position of equipment and working material and is there enough space to rest your arms or wrists on the desk and/or chair?

.....Yes .....No

**14.** Do you have sufficient filing space at your workstation?

.....Yes .....No

If 'No', detail below.

.....  
.....

**15.** Is the desk height adequate for you when seated comfortably in a working position?

.....Yes .....No

**16.** Do you perform work tasks that do not involve using the keyboard?

.....Yes .....No

If 'Yes', detail below.

.....  
.....  
.....

**Work Chair**

**17.** Is your chair comfortable, adjustable and suitable for your work?

.....Yes .....No

**18.** Do you know how to use all the adjustments on your chair?

.....Yes .....No

**19.** Can you reach all the controls from a seated position?

.....Yes .....No

**20.** Can you operate the adjustment controls easily, without excessive force?

.....Yes .....No

**21.** When the chair is adjusted to a comfortable working height, can you place your feet firmly on the floor? (or on a footrest, if you have one?)

.....Yes .....No

If 'No', would you like a footrest?

.....Yes .....No

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**VDU Equipment**

**22.** Can you swivel and tilt the screen and is it positioned so that a comfortable posture can be adopted?

.....Yes .....No

If 'No', detail below.

.....  
.....

**23.** Is the keyboard separate from the display and are the symbols on the keys easy to read?

.....Yes .....No

**24.** Can you adjust the angle of the keyboard so that a comfortable posture can be adopted?

.....Yes .....No

If 'No', detail below.

.....

**25.** Do you have a document holder?

.....Yes .....No

If 'No', does your work require one?

.....Yes .....No

If you already have a document holder, is it stable and positioned so that it is convenient to use?

.....Yes .....No

**26.** Do you use an input device such as a mouse?

.....Yes .....No

If 'Yes', is it in a comfortable position and is it easy to operate?

.....Yes .....No

If 'No', detail below.

.....

**Visual Aspects**

**27.** Do you have any problems with your vision (including eye discomfort, focusing difficulties or headaches)?

.....Yes .....No

If 'Yes', give details.

.....  
.....

**28.** Do you find your screen easy to read?

.....Yes .....No

If 'No', give details.

.....

**29.** Do you find the brightness and contrast of your screen is satisfactory and is it adjustable?

.....Yes .....No

**30.** Is the information on the screen too small, fuzzy or flickering?

.....Yes .....No

**31.** Is your screen cleaned regularly with appropriate cleaning materials?

.....Yes .....personally .....by the cleaners  
.....No

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**Lighting and Environment**

**32.** Do you find the lighting at your workstation....

.....satisfactory    .....too bright  
.....too dark        .....other (please state)  
.....

**33.** Do you have any problems with reflections or glare on your screen (from windows, lights, work surfaces, walls, etc)?

.....Yes    .....No

If 'Yes', detail below.

.....  
.....

**34.** Are the overhead lights and nearby windows covered to prevent light shining directly on the screen?

.....Yes    .....No

If 'No', detail below.

.....

**35.** Is the temperature, humidity and ventilation around your workstation adequate throughout the year (no excessive heat, cold, dryness, stuffiness or draft)?

.....Yes    .....No

If 'No', detail below.

.....

**36.** Are you distracted by any excessively noisy equipment near your workstation?

.....Yes    .....No

If 'Yes', describe below.

.....  
.....

**Additional Comments and Notes:**

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<b>Risk Management Contact</b>
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**1.** Has this employee experienced work absences caused by the workstation?

.....Yes .....No

**2.** Has this employee received medical attention for this condition?

.....Yes .....No

**3.** Does your agency have money available for purchase of new ergonomic equipment if required?

.....Yes .....No

If 'Yes', what is the amount budgeted?

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